JIM GIBBONS
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MICHAEL J. WILLDEN
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State Health Officer

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

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727 Fairview Dr, Suite E
Carson City, Nevada 89701
(775) 684-1030
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2080 E. Flamingo
Suite 319
Las Vegas, Nevada 89119
(702) 486-5280
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CERTIFIED MAIL #7006 2760 0000 0876 1387
November 29, 2010

D. Blain Claypool, Administrator
Renown Rehabilitation Hospital
1495 Mill St
Reno, NV 89502

Dear D. Blain Claypool,

A State Licensure investigation was conducted at your facility on 10/27/10 by the Bureau of Health Care Quality and Compliance. There were no regulatory deficiencies cited for this survey.

Should you have any questions concerning this matter, please contact our Northern office at (775) 687-4475, or our Southern office at (702) 485-6515.

Your opinion/feedback is important to us. Please go the following link and complete a quick survey regarding your recent survey experience with the Bureau of Health Care Quality & Compliance. http://health.nv.gov/HCQC_HealthFacilities.htm. After the page loads, you will need to click on the link written in red letters on the right hand column. It should only take you a few minutes (less than 5) to complete the questionnaire. Thank you for your participation.

Sincerely,

Paul Shubert, for

Ruth Lugenbeel, Health Facilities Surveyor II
For Wendy Simons, Bureau Chief

Attachments: 1 Page No Deficiency 2567

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN657HOS1	A. BUILDING _____ B. WING _____	C 10/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENOWN REHABILITATION HOSPITAL	1495 MILL ST RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 8/3/10 and finalized on 10/27/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint #NV26019 - The allegations regarding infection control, and quality of care were unsubstantiated, with no regulatory deficiencies identified. Complaint #NV26019 - The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 8/3/10 and finalized on 10/27/10. The investigation included: -Observations of the patient rooms and unit. Observations of the housekeeping staff cleaning isolation rooms. Observations of the types of cleaning agents used in isolation rooms. Observations were made of direct patient care by nurses, CNA's, and therapists. -Interviews were conducted with the DNS (Director of Nursing Services, a Charge Nurse, 2 direct patient care nurses, a housekeeper, and 2 CNA's (Certified Nursing Assistants). -Review of seven (7) records of patients with infections.	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 000	Continued From page 1 -Review of the facilities policies and procedures included: Indwelling Urinary Catheter Insertion and Maintenance, Isolation Protocols, Disease List, Infection Control for Clinical Areas, Healthcare and Community Acquired Infection Surveillance Prevention and Control, Patient Assessment and Reassessment, Active Surveillance Culture Protocol, and the Communicable Disease Prevention Protocol. -The facility had processes in place to prevent nosocomial infections, identify infections on admission, and assess patients with a change of condition. No regulatory deficiencies were identified.	S 000		